

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/>
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2018 Project Application will be imported into the FY 2019 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2019 CoC Program Competition NOFA.

1A. SF-424 Application Type

1. Type of Submission: Application

2. Type of Application: Renewal Project Application

If "Revision", select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/24/2019

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier: CA1608

This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).

Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number

X

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Long Beach CA 606

b. Employer/Taxpayer Identification Number (EIN/TIN): 95-6000733

	c. Organizational DUNS:	130009269	PLUS 4	
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d. Address

Street 1: 1301 W. 12th Street

Street 2:

City: Long Beach

County:

State: California

Country: United States

Zip / Postal Code: 90813

e. Organizational Unit (optional)

Department Name: Human Services

Division Name: Homeless Services Division

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Shannon

Middle Name:

Last Name: Parker

Suffix:

Title: Homeless Services Officer

Organizational Affiliation: City of Long Beach CA 606

Telephone Number: (562) 570-4581

Applicant: City of Long Beach CoC

130009269

Project: Harbor PSH

172898

Extension:

Fax Number: (562) 570-4066

Email: shannon.parker@longbeach.gov

1C. SF-424 Application Details

9. Type of Applicant: C. City or Township Government

10. Name of Federal Agency: Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Title: CoC Program

CFDA Number: 14.267

12. Funding Opportunity Number: FR-6300-N-25

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (State(s) only): California
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: Harbor PSH

16. Congressional District(s):

a. Applicant: CA-044, CA-047
(for multiple selections hold CTRL key)

b. Project: CA-047
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 07/01/2020

b. End Date: 06/30/2021

18. Estimated Funding (\$)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. SF-424 Compliance

- 19. Is the Application Subject to Review By State Executive Order 12372 Process?** b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

- 20. Is the Applicant delinquent on any Federal debt?** No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE: ☒

21. Authorized Representative

Prefix: Ms.

First Name: Teresa

Middle Name:

Last Name: Chandler

Suffix:

Title: Human Services Bureau Manager

Telephone Number: (562) 570-4011
(Format: 123-456-7890)

Fax Number: (562) 570-4066
(Format: 123-456-7890)

Email: teresa.chandler@longbeach.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/24/2019

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: City of Long Beach CA 606

Prefix: Ms.

First Name: Teresa

Middle Name:

Last Name: Chandler

Suffix:

Title: Human Services Bureau Manager

Organizational Affiliation: City of Long Beach CA 606

Telephone Number: (562) 570-4011

Extension:

Email: teresa.chandler@longbeach.gov

City: Long Beach

County:

State: California

Country: United States

Zip/Postal Code: 90813

2. Employer ID Number (EIN): 95-6000733

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$385,333.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Harbor PSH 1301 W. 12th Street Long Beach California

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? Yes
(For further information, see 24 CFR Sec. 4.3).

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Government and Other Government Assistance (see attachments)	Cash/In-Kind (Grants, etc.)	\$1,762,419.00	Rental Assistance, Supportive Services, Operations, HMIS, Planning, UFA activities, and Administration

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the

assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
NA	NA	NA	\$0.00	0%

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: ☒

Name / Title of Authorized Official: Teresa Chandler, Human Services Bureau Manager

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 07/26/2019

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Long Beach CA 606

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:	
a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.	e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
b. Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.	f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;	g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.
d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;	

Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Workplaces, including addresses, entered in the attached project application.

Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I

X

acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix: Ms.

First Name: Teresa

Middle Name

Last Name: Chandler

Suffix:

Title: Human Services Bureau Manager

Telephone Number: (562) 570-4011
(Format: 123-456-7890)

Fax Number: (562) 570-4066
(Format: 123-456-7890)

Email: teresa.chandler@longbeach.gov

Signature of Authorized Representative: Considered signed upon submission in e-snaps.

Date Signed: 09/24/2019

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:

X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: City of Long Beach CA 606

Name / Title of Authorized Official: Teresa Chandler, Human Services Bureau Manager

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/24/2019

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.

Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? No

Legal Name: City of Long Beach CA 606

Street 1: 1301 W. 12th Street

Street 2:

City: Long Beach

County: Los Angeles

State: California

Country: United States

Zip / Postal Code: 90813

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I certify that this information is true and complete.

X

Authorized Representative

Prefix: Ms.

First Name: Teresa

Middle Name:

Last Name: Chandler

Suffix:

Title: Human Services Bureau Manager

Telephone Number: (562) 570-4011
(Format: 123-456-7890)

Fax Number: (562) 570-4066
(Format: 123-456-7890)

Email: teresa.chandler@longbeach.gov

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 09/24/2019

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the "Submit Without Changes" process.

In general, HUD expects a project's proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

Data can be imported into a FY 2019 renewal project application from a FY 2018 new or renewal project application. For a project application that did not import last year's FY 2018 information, e-snaps will automatically be set to "Make Changes" and all questions on each screen must be updated.

Renewal projects that select "Fully Consolidated" on the Grant Consolidation screen may not use the "Submit Without Changes" process and esnaps will automatically be set to "Make Changes". However, if the applicant selects "Individual Renewal", this project application(s) can use the "Submit Without Changes" process. In addition, esnaps will automatically be set to "Make Changes" if the project applicant indicates on the Renewal Expansion Screen, this project application is for a "Combined Renewal Expansion" project application. However, the stand-alone renewal expansion project application(s) can use the "Submit Without Changes" process.

The e-snaps screens that remain "open" for required annual updates and do not affect applicants' ability to select "Submit without Changes" are:

- Recipient Performance Screen;
- Renewal Expansion Screen;
- Renewal Grant Consolidation Screen;
- Screen 3A. Project Detail
- Screen 6D. Sources of Match
- All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in "Read-Only" format and should be reviewed for accuracy; including any updates that were made to the 2018 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select "Submit Without Changes" in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: "Submission Without Changes" Screen, select "Make Changes", and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and esnaps navigation guides found on the HUD Exchange to find more in depth information about applying under the FY 2019 CoC Competition.

Recipient Performance

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** No

Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.

The 2017 CoC grants ended its operational period on June 30, 2019. The 90 days APR requirement deadline is September 30, 2019. The Long Beach CoC is working on submitting the reporting requirements in Sage before the deadline.

- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Yes

- 4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** Yes

Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.

The project is funded to serve 13-unit PSH beds. The project was not fully operational for the first six (6) months of the grant period due to the contract processing delays between the HUD, City, and subrecipients. Other factors that also contributed to the delays and underspending were hiring of program staff, readiness of the building, and execution of the lease between the property owner and the provider. This project was entirely leased up during the last quarter of the grant period. Thirteen (13) beds went to the highest priority in our CoC grants and in eleven months thereafter the retention rate is 100%. The City and subrecipients have a strong service partnership and are invested in the long-term success of all projects. When projects are experiencing challenges the City is invested in partnering with the subrecipients, stakeholders and the CoC to find solutions. The City of Long Beach CoC will continue to provide technical guidance and monitoring the subrecipient to maintain full lease ups and high utilization, requiring a monthly occupancy report submission.

Renewal Expansion

As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 stand-alone renewal project application and 2 stand-alone new expansion project applications into 1 combined renewal expansion project application. This means recipients no longer need to combine expansion data in CoC Post-Award. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a combined renewal expansion in the FY 2019 CoC Program Competition? "If "No" click on "Next" or "Save & Next" below to move to the next screen.


No

Renewal Grant Consolidation Screen

HUD encourages the consolidation of renewal grants. As part of the FY 2019 CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Renewal Grant Consolidation. This process can consolidate up to 4 renewal grants into 1 consolidated grant. This means recipients no longer must wait for grant amendments to consolidate grants. All projects that are part of a renewal grant consolidation must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 Final GIW, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

1. Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition? No
If "No" click on "Next" or "Save & Next" below to move to the next screen.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards: \$385,333

Organization	Type	Type	Sub-Award Amount
Harbor Interfaith Services, Inc.	M. Nonprofit with 501C3 IRS Status		\$385,333

2A. Project Subrecipients Detail

a. Organization Name: Harbor Interfaith Services, Inc.

b. Organization Type: M. Nonprofit with 501C3 IRS Status

c. Employer or Tax Identification Number: 33-0031099

	* d. Organizational DUNS:	618378053	PLUS 4	0000
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e. Physical Address

Street 1: 670 W. 9th Street

Street 2:

City: San Pedro

State: California

Zip Code: 90731

f. Congressional District(s): CA-047
(for multiple selections hold CTRL key)

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: \$385,333

j. Contact Person

Prefix: Ms.

First Name: Tahia

Middle Name:

Last Name: Hayslet

Suffix:

Title: Executive Director

E-mail Address: thayslet@harborinterfaith.org

Confirm E-mail Address: thayslet@harborinterfaith.org

Phone Number: 310-831-0603

Extension: 223

Fax Number: 310-831-0791

3A. Project Detail

1. Project Identification Number (PIN) of CA1608
expiring grant:

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

2a. CoC Number and Name: CA-606 - Long Beach CoC

2b. CoC Collaborative Applicant Name: City of Long Beach

3. Project Name: Harbor PSH

4. Project Status: Standard

5. Component Type: PH

5a. Does the PH project provide PSH or RRH? PSH

6. Does this project use one or more Yes
properties that have been conveyed through
the Title V process?

7. Does this project include Replacement No
Reserves?

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

Harbor Interfaith Services (HIS) PSH will continue to focus on chronically homeless (CH) adults. The CH population demand is for permanent housing, with guidance through supportive services that address immediate individual needs and inspire independence in the future.

Working with Century Villages at Cabrillo (CVC) two years ago, Harbor Interfaith selected a two-story "connected duplex" as its PSH site model. This building has 13 large single rooms for occupancy, with 4 bathrooms between them. Community space includes two kitchens, laundry facilities, living/dining areas, and enclosed parking.

In addition to these amenities, Harbor PSH contains 1 resident advisor bedroom and private onsite case management, which offers customized supportive services 24/7. HIS staff members have brokered a neighborhood referral network of 20 human service/community organizations, which regularly brings together representatives of 50 (primarily nonprofit) service providers. HIS engages regularly with the City of Long Beach, particularly the Department of Health and Human Services and Multi-Service Center.

Harbor PSH exemplifies "permanence" mostly because staff members have created homes. Private bedrooms notwithstanding, residents enjoy congregate meals. The layout and furnishings in the community areas afford both secluded- and all-inclusive- opportunities for conversation. Beside their case management and occasional crisis intervention duties, staff recently instituted monthly birthday parties. The chronically homeless residents, aging and often without close relations, delight in these community activities.

Using Housing First principles, Harbor PSH requires no service participation requirements or other demands beyond what is typically included in lease agreements. As SPA 8 CES coordinator for LA County, Harbor Interfaith recognizes the severe dearth of both rapid rehousing and PSH in the South Bay.

The project will achieve the following outcomes:

- (i). 6 months or less - reduce the length of time between Client's Project Start Date and Move-in Date.
- (ii). 90% -meet the number of persons to be served annually.
- (iii). less than 5% -Reduce the number of persons exiting back to homelessness
- (iv). 90% - increase residential project occupancy.
- (v). 15% - Persons age 18 or older increase earned income during operating year.
- (vi). 50% - Persons age 18 or older increase non-employment cash income during operating year.
- (vii). 80% -increase the number of persons exiting to permanent housing.
- (viii). 90% -increase the number of persons remaining in permanent housing.
- (ix). Less than 5% - reduce the number of persons exiting with unknown destination.
- (x). Less than 5% - reduce the number of persons exiting with no financial resources.
- (xi). Less than \$5,000 – Cost effectiveness: # of permanent housing placements/total project budget including match.

2. Does your project have a specific population focus? Yes

2a. Please identify the specific population focus. (Select ALL that apply)

Chronic Homeless	<input checked="" type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

Other:

3. Housing First

3a. Does the project quickly move participants into permanent housing? Yes

3b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input checked="" type="checkbox"/>
Active or history of substance use	<input checked="" type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input checked="" type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input checked="" type="checkbox"/>
Failure to make progress on a service plan	<input checked="" type="checkbox"/>
Loss of income or failure to improve income	<input checked="" type="checkbox"/>

Applicant: City of Long Beach CoC

130009269

Project: Harbor PSH

172898

Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input checked="" type="checkbox"/>
None of the above	<input type="checkbox"/>

3d. Does the project follow a "Housing First" approach? Yes

3C. Dedicated Plus

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
- (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

1. Indicate whether the project is "100% Dedicated", "DedicatedPLUS", or "N/A", according to the information provided above. 100% Dedicated

4A. Supportive Services for Participants

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	Subrecipient	Semi-annually
Assistance with Moving Costs	Subrecipient	As needed
Case Management	Subrecipient	Weekly
Child Care		
Education Services		
Employment Assistance and Job Training	Partner	As needed
Food	Subrecipient	As needed
Housing Search and Counseling Services	Subrecipient	As needed
Legal Services		
Life Skills Training	Partner	Monthly
Mental Health Services	Subrecipient	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Subrecipient	As needed
Substance Abuse Treatment Services	Partner	As needed
Transportation	Subrecipient	As needed
Utility Deposits		

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? Yes

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Yes



3. Do project participants have access to Yes

SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. Yes

4B. Housing Type and Location

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes each housing site in the project. To add a housing site to the list, select the  icon. To view or update a housing site already listed, select the  icon.

Total Units: 13

Total Beds: 13

Total Dedicated CH Beds: 13

Housing Type	Housing Type (JOINT)	Units	Beds
Shared housing	---	13	13

4B. Housing Type and Location Detail

1. Housing Type: Shared housing

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

a. Units: 13

b. Beds: 13

3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless? 13

This includes both the "dedicated" and "prioritized" beds from previous competitions.

4. Address:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 2660 W. Williams Street

Street 2:

City: Long Beach

State: California

ZIP Code: 90810

5. Select the geographic area(s) associated with the address:
(for multiple selections hold CTRL Key)

062088 Long Beach

5A. Project Participants - Households

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	0	13	0	13
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	0	13		13
Persons ages 18-24	0	0		0
Accompanied Children under age 18	0		0	0
Unaccompanied Children under age 18			0	0
Total Persons	0	13	0	13

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	12	1	0	10	1	7	2	4	1	0
Persons ages 18-24	0	0	0	0	0	0	0	0	0	0
Total Persons	12	1	0	10	1	7	2	4	1	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

6A. Funding Request

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

1. Do any of the properties in this project have an active restrictive covenant? No

2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No

3. Does this project propose to allocate funds according to an indirect cost rate? Yes

Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process.

Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

a. Please complete the indirect cost rate schedule below:

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
0	0%	0

b. Has this rate been approved by your cognizant agency? No

c. Do you plan to use the 10% de minimis rate? Yes

4. Renewal Grant Term: 1 Year

5. Select the costs for which funding is being requested:

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Leased Units	<input checked="" type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>

6B. Leased Units Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

Total Annual Assistance Requested:			\$165,932
Grant Term:			1 Year
Total Request for Grant Term:			\$165,932
Total Units:			13
FMR Area	Total Units Requested	Total Annual Budget Requested	Total Budget Requested
CA - Los Angeles-...	13	\$165,932	\$165,932

Leased Units Budget Detail

Enter the appropriate values in the "Number of Units" AND "Total Request" fields.


Metropolitan or non-metropolitan CA - Los Angeles-Long Beach-Glendale, CA
fair market rent area: HUD Metro FMR Area (0603799999)

Leased Units Annual Budget

Size of Units	# of Units (Applicant)	Total Request (Applicant)
SRO		
0 Bedroom	13	
1 Bedroom		
2 Bedroom		
3 Bedroom		
4 Bedroom		
5 Bedroom		
6 Bedroom		
7 Bedroom		
8 Bedroom		
9 Bedroom		
Total Units and Annual Assistance Requested	13	\$165,932
Grant Term		1 Year
Total Request for Grant Term		\$165,932

Click the 'Save' button to automatically calculate totals.

6D. Sources of Match

The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the  icon. To view or update a Matching source already listed, select the  icon.

Summary for Match

Total Value of Cash Commitments:	\$54,850
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$54,850

1. Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? No

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Government	City of Long Beac...	09/09/2019	\$3,328
Yes	Cash	Private	Harbor Interfaith...	08/19/2019	\$51,522

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Government
4. Name the Source of the Commitment: City of Long Beach - City Funds
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 09/09/2019
6. Value of Written Commitment: \$3,328

Sources of Match Detail

1. Will this commitment be used towards Match? Yes
2. Type of Commitment: Cash
3. Type of Source: Private
4. Name the Source of the Commitment: Harbor Interfaith Services - OC Community Foundation
(Be as specific as possible and include the office or grant program as applicable)
5. Date of Written Commitment: 08/19/2019
6. Value of Written Commitment: \$51,522

6E. Summary Budget

This screen is currently read only and only includes data from the previous grant. To make changes to this information, navigate to the Submission without Changes screen, select "Make Changes" in response to Question 2, and then check the box next each screen that requires a change to match the current grant agreement, as amended, or to account for a reallocation of funds.

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2018 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2018, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$165,932
1b. Leased Structures	\$0
2. Rental Assistance	\$0
3. Supportive Services	\$117,301
4. Operating	\$53,875
5. HMIS	\$24,930
6. Sub-total Costs Requested	\$362,038
7. Admin (Up to 10%)	\$23,295
8. Total Assistance plus Admin Requested	\$385,333
9. Cash Match	\$54,850
10. In-Kind Match	\$0
11. Total Match	\$54,850
12. Total Budget	\$440,183

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	HIS 501c3	09/07/2017
2) Other Attachmenbt	No		
3) Other Attachment	No		

Attachment Details

Document Description: HIS 501c3

Attachment Details

Document Description:

Attachment Details

Document Description:

7B. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance. It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 578.33(d) or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

15-Year Operation Rule – 24 CFR part 578 only.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

For applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provided.

C. Explanation.

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official Teresa Chandler

Date: 09/24/2019

Title: Human Services Bureau Manager

Applicant Organization: City of Long Beach CA 606

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).

X

Active SAM Status Requirement.

I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.

X

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation? No

2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements. Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	<input checked="" type="checkbox"/>
Part 3 - Project Information	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
3C. Dedicated Plus	<input type="checkbox"/>
Part 4 - Housing Services and HMIS	
4A. Services	<input type="checkbox"/>
4B. Housing Type	<input type="checkbox"/>
Part 5 - Participants and Outreach Information	
5A. Households	<input type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
Part 6 - Budget Information	
6A. Funding Request	<input type="checkbox"/>
6B. Leased Units	<input type="checkbox"/>
6D. Match	<input checked="" type="checkbox"/>

6E. Summary Budget	<input type="checkbox"/>
Part 7 - Attachment(s) & Certification	
7A. Attachment(s)	<input checked="checked" type="checkbox"/>
7B. Certification	<input checked="checked" type="checkbox"/>

The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A: Update Expected Sub-award Amount
3B: Update Project Description
5B: Update Subpopulation

The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

8B Submission Summary

Page	Last Updated
1A. SF-424 Application Type	07/26/2019
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

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1D. SF-424 Congressional District(s)	09/12/2019
1E. SF-424 Compliance	07/26/2019
1F. SF-424 Declaration	07/26/2019
1G. HUD-2880	07/26/2019
1H. HUD-50070	07/26/2019
1I. Cert. Lobbying	07/26/2019
1J. SF-LLL	07/26/2019
Recipient Performance	09/13/2019
Renewal Expansion	09/12/2019
Renewal Grant Consolidation	09/12/2019
2A. Subrecipients	09/10/2019
3A. Project Detail	09/12/2019
3B. Description	09/16/2019
3C. Dedicated Plus	07/26/2019
4A. Services	07/26/2019
4B. Housing Type	07/26/2019
5A. Households	07/26/2019
5B. Subpopulations	No Input Required
6A. Funding Request	07/26/2019
6B. Leased Units	07/26/2019
6D. Match	09/12/2019
6E. Summary Budget	No Input Required
7A. Attachment(s)	07/26/2019
7B. Certification	09/12/2019
Submission Without Changes	09/13/2019

Internal Revenue Service

Date: February 17, 2006

**HARBOR INTERFAITH SERVICES INC
% SOUTH COAST ECUMENICAL COUNCIL
670 W 9TH ST
SAN PEDRO CA 90731-3108**

**Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201**

Person to Contact:
S. Katherine Converse 31-07823
Customer Service Specialist
Toll Free Telephone Number:
877-829-5500
Federal Identification Number:
33-0031099

Dear Sir or Madam:

This is in response to your request of February 17, 2006, regarding your organization's tax-exempt status.

In August 1985 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services

1242321

ARTICLES OF INCORPORATION
OF
HARBOR INTERFAITH SHELTER

ENDORSED
FILED

Division of the Secretary of State
San Francisco, California

MAR 22 1984

MING FONG EU, Secretary of State
Gloria J. Carroll
Deputy

ONE: The name of this corporation is HARBOR INTERFAITH SHELTER.

TWO: This corporation is a non-profit public benefit corporation and is not organized for the private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for charitable purposes. The public purposes for which the corporation is organized include the provision of food, shelter and counseling to the needy of the South Bay area of Los Angeles County.

THREE: The name and address in California of the corporation's initial agent for service of process is James Fairchild, 1542 East 7th Street, Long Beach, California 90813.

FOUR: This corporation shall not, as a substantial part of its activities, carry on propaganda or otherwise attempt to influence legislation; nor shall it participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.

FIVE: This corporation is one which does not contemplate pecuniary gain or profit to the members thereof, and it is organized solely for non-profit purposes. The property of this corporation is irrevocably dedicated to charitable purposes. No part of the net earnings of this corporation shall inure to the benefit of any director, officer or member of this corporation or to the benefit of any private individual. Upon the dissolution or winding up of this corporation, after paying or adequately providing for the debts and obligations of this corporation, the remaining assets shall not inure to any individual but shall be distributed to a non-profit fund, foundation or corporation (i) which is organized and operated exclusively for exempt purposes as specified in Section 501(c) (3) of the Internal Revenue Code of 1954, as amended (or the corresponding provision of any future United States internal revenue law), (ii) has established its tax-exempt status under said Section 501(c) (3) and (iii) the property of which is dedicated to exempt purposes as specified in California Revenue & Taxation Code Section 214 (or the corresponding provision of any future California revenue law). If this corporation holds any assets in trust, such assets shall be disposed of in such manner as may be directed by decree of the Superior Court of

the County in which this corporation's principal office is located, upon petition therefor by the Attorney General of the State of California or by any person concerned with its liquidation, dissolution or winding-up; or without the decree of the Superior Court of the County in which this corporation's principal office is located, by any person concerned with the liquidation, dissolution or winding up of this corporation, if the Attorney General of the State of California makes a written waiver of objections to the proposed disposition.

Dated: March 17, 1984.


CHARLES KOTHE


JAMES FAIRCHILD

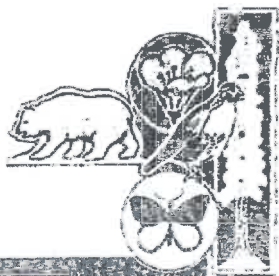

DON LINDBLOOM

We declare that we are the persons who executed the above Articles of Incorporation, and that this instrument is our act and deed.


CHARLES KOTHE


JAMES FAIRCHILD


DON LINDBLOOM



State of California

OFFICE OF THE SECRETARY OF STATE

I, *MARCH FONG EU*, Secretary of State of the State of California, hereby certify:

That the annexed transcript has been compared with the record on file in this office, of which it purports to be a copy, and that same is full, true and correct.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great
Seal of the State of California this

April 12 1934



March Fong Eu

Secretary of State

1242341

A251010

FILED

In the name of the Secretary of
of the State of California

MAY 29 1985

MAURCH FONG ELI, Secretary of State

Deputy

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION
OF
HARBOR INTERFAITH SHELTER

James Fairchild and Marion Morgan certify that:

1. They are the President and Secretary, respectively,
of Harbor Interfaith Shelter, a California non-profit
corporation.

2. The following amendment to the Articles of
Incorporation was approved by the Board of Directors:

The Articles of Incorporation of
Harbor Interfaith Shelter shall be
amended to add paragraph SIXTH,
which paragraph reads as follows:

SIXTH: Notwithstanding any other
provision of these articles, the
corporation shall not carry on any
other activities not permitted to be
carried on (a) by a corporation
exempt from Federal income tax under
section 501(c)(3) of the Internal
Revenue Code of 1954 (or the
corresponding provision of any
future United States Internal
Revenue Law) or (b) by a corporation
contributions to which are
deductible under section 170(c)(2)
of the Internal Revenue Code of 1954
(or the corresponding provision of
any future United States Internal
Revenue Law).

3. The foregoing amendment has been approved by the
required vote of the members.


James Fairchild
President

Marion Morgan

Marion Morgan
Secretary

VERIFICATION

Each of the undersigned declares under penalty of perjury that the statements contained in the foregoing Certificate are true and correct of his or her own knowledge, and that this declaration was executed on May 19, 1985 at San Pedro, California.

James Fairchild
James Fairchild

Marion Morgan
Marion Morgan



State
of
California

OFFICE OF THE SECRETARY OF STATE

I, *MARCH FONG EU*, Secretary of State of the State of California, hereby certify:

That the annexed transcript was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great
Seal of the State of California this

JUN 20 1985



March Fong Eu

Secretary of State

A387800

**CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION
OF
HARBOR INTERFAITH SHELTER**

**ENDORSED
FILED**
In the office of the Secretary of State
of the State of California

MAY 29 1990

MARCHFONCEU Ser 201

Linville L. Hendrich and Marion Morgan certify that:

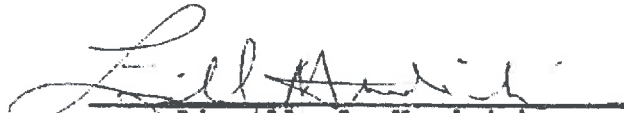
1. They are the Chairman and Secretary, respectively, of HARBOR INTERFAITH SHELTER, a California non-profit corporation.


2. The following amendment to the Articles of Incorporation was approved by the Board of Directors:

The Articles of Incorporation of Harbor Interfaith Shelter shall be amended to add a new paragraph SEVENTH, which paragraph reads as follows:

SEVENTH: The property is irrevocably dedicated to religious, charitable, scientific, or hospital purposes and upon the liquidation, dissolution or abandonment of the owner will not inure to the benefit of any private person except a fund, foundation, or corporation organized and operated for religious, hospital, scientific, or charitable purposes.

3. The foregoing amendment has been approved by the required vote of the members.


Linville L. Hendrich
Chairman of the Board


Marion Morgan
Secretary



State
of
California

OFFICE OF THE SECRETARY OF STATE

A387800

CORPORATION DIVISION

I, MARCH TONG EU, Secretary of State of the State of California hereby certify:

That the annexed transcript has been compared with the corporate record on file in this office, of which it purports to be a copy, and that same is full, true and correct.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great
Seal of the State of California this

MAY 30 1930



March Tong Eu

Secretary of State

State of California



SECRETARY OF STATE

I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

Bill Jones

Secretary of State

CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION
OF
HARBOR INTERFAITH SERVICES,
a California nonprofit public benefit corporation

Rev. Dr. Reinhard Krauss and Glenn McKee certify that:

1. They are the duly elected Chair of the Board and Secretary, respectively, of HARBOR INTERFAITH SERVICES, a California nonprofit public benefit corporation (this "corporation").

2. ARTICLE TWO of the Articles of Incorporation of this Corporation is amended to read in full as follows:

TWO: The corporation is a non profit public benefit corporation and is not organized for private gain of any person. It is organized under the Nonprofit Public Benefit Corporation Law for Charitable purposes. The public purposes for which the corporation is organized include the provision of food, shelter, education, job placement, childcare, life skills training and similar charitable activities aimed at increasing economic opportunities for the homeless and working poor of the South Bay area of Los Angeles.

3. The foregoing amendment has been duly approved by the Board of Directors of said corporation.

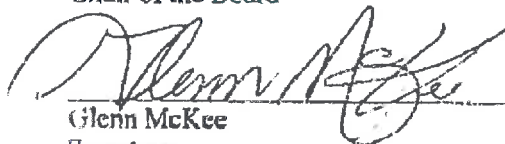
4. The corporation has no membership.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this Certificate are true and correct of our own knowledge.

Dated: Nov. 20, 2006



Rev. Dr. Reinhard Krauss
Chair of the Board



Glenn McKee
Secretary